

Federal Subsistence Management Program
Student Art Contest

Entry Form

(PLEASE PRINT)

Grade Group: Check one ____ K-2 ____ 3-5 ____ 6-8 ____ 9-12

Student Name: _____ Age: _____
First Last

Home Address: _____

Village/Town/City: _____ Zip Code: _____

Home Phone: (907) _____ Parent's Daytime Phone: (907) _____

School: _____

School Address: _____

Village/Town/City: _____ Zip Code: _____

Teacher: _____ School Phone: (907) _____

Email: _____

☐ Check here if special assistance by the teacher or parent was required for special education, disabled or very young students. Note reason and type of assistance here:

Two signatures are required below. I hereby certify that this is my (my Student's) ORIGINAL WORK and is not a copy of published art or other materials protected by copyright laws. I understand the Office of Subsistence Management is not responsible for loss or damage to my art. By submitting this form, I (Student) grant the right to the Office of Subsistence Management and its' designees to use my art for reproduction or promotional purposes, and to display my art.

Signature of Student: _____ Date: _____

Signature of Teacher: _____ Date: _____
